

No. 1 on this chart is the same as no. _____ on chart no. _____

AFN=Ancestral File Number

1 Reuel Frank JACOBSON----- AFN: 4MDX-MS BORN: 3 May 1908 Fountain Green, Snpt, UT MAR.: DIED: 30 Sep 1967 SPOUSE LIVING AFN: CRF9-XC BORN: LIVING DIED:	2 Alious Peter JACOBSON----- AFN: 4MDX-BX BORN: 30 Jan 1872 Fountain Green, S, UT MAR.: 13 Oct 1897 (Temple) Manti, S, UT DIED: 20 Oct 1932 Provo, Utah, UT	3 Johanna Elizabeth LARSON----- AFN: 4MDX-H4 BORN: 30 Sep 1870 Moroni, Sanpete, UT DIED: 27 Apr 1950 Provo, Utah, UT	4 Jens Or James JACOBSON----- AFN: 4D09-52 BORN: 15 Aug 1838 Borley, Malmo, Sweden MAR.: 24 Oct 1866 Salt Lake City, S, UT DIED: 17 Sep 1917 Fountain Green, S, UT	5 Bertha Marie LARSEN----- AFN: 4D09-67 BORN: 12 Dec 1847 Snedsted, T, Denmark DIED: 24 Feb 1931 Fountain Green, S, UT	6 John Neils LARSON----- AFN: CRF9-TT BORN: [1844] MAR.: DIED:	7 Christena LARSON----- AFN: CRF9-V1 BORN: [1848] DIED:	8 Jacob JONSSON----- AFN: 4D09-7D BORN: 19 Mar 1809 Nevishog, M, Sweden MAR.: 2 Nov 1834 Burlof, Malmohus, Sweden DIED: 1880 Tagarp, Burlov, M, Sweden	9 Sissa Or Cecilia HOKANSSON----- AFN: 4D09-8K BORN: 18 Oct 1808 Burlof, Malmohus, Sweden DIED: 1878 Tagarp, Burlov, M, Sweden	10 Lars Or Laurids JESPERSEN----- AFN: 31ZX-R0 BORN: 4 Sep 1815 Sjorring, T, Denmark MAR.: 1 Dec 1844 Hundborg, T, Denmark DIED: 9 Apr 1902 Fountain Green, S, UT	11 Karen KLEMENSEN----- AFN: 4D09-9Q BORN: 22 Nov 1818 Hundborg, T, Denmark DIED: 24 Sep 1890 Fountain Green, S, UT	12 ----- AFN: BORN: MAR.: DIED:	13 ----- AFN: BORN: DIED:	14 ----- AFN: BORN: MAR.: DIED:	15 ----- AFN: BORN: DIED:	16 Jons NILSSON----- AFN: 92B7-KC BORN: 22 May 1760	17 Kirsti JACOBSON----- AFN: 92B7-LJ BORN: 27 Apr 1773	18 Hakon NILSSON----- AFN: 92B7-FN BORN: 1776	19 Anna PEHRSSON----- AFN: 92B7-BT BORN: 16 May 1773	20 Jesper LARSEN----- AFN: 31ZX-VH BORN: 22 Jan 1782	21 Kirsten KRISTENSEN----- AFN: 31ZX-WN BORN: 1778	22 Klemen JAKARSEN----- AFN: CN1W-KH BORN: [1792]	23 Birgette Marie ANDERSEN----- AFN: CN1W-LN BORN: [1796]	24 ----- AFN: BORN:	25 ----- AFN: BORN:	26 ----- AFN: BORN:	27 ----- AFN: BORN:	28 ----- AFN: BORN:	29 ----- AFN: BORN:	30 ----- AFN: BORN:	31 ----- AFN: BORN:
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March 14-91

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HUSBAND: Virgil Peter JACOBSON (AFN:4NDX-LN)

BORN: 23 Nov 1903	PLACE: Fountain Green, Snpt, UT	LDS ORDINANCE DATA
CHR.:	PLACE:	B: 23 Nov 1911
DIED: 4 Mar 1975	PLACE:	E: 27 Jun 1923
BUR.:	PLACE:	SP: BIC
MAR.:	PLACE:	SS:
FATHER: Alious Peter JACOBSON (AFN:4NDX-GX)		
MOTHER: Johanna Elizabeth LARSON (AFN:4NDX-H4)		
OTHER WIVES:		

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WIFE: LIVING (AFN:CRF9-W6)

BORN: LIVING	PLACE:	
CHR.:	PLACE:	B:
DIED:	PLACE:	E:
BUR.:	PLACE:	SP:
FATHER:		
MOTHER:		
OTHER HUSBANDS:		

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Sex CHILDREN

1. NAME:		
---- BORN:	PLACE:	B:
CHR.:	PLACE:	E:
DIED:	PLACE:	SP:
BUR.:	PLACE:	
SPOUSE:		
MAR.:	PLACE:	SS:

2. NAME:		
---- BORN:	PLACE:	B:
CHR.:	PLACE:	E:
DIED:	PLACE:	SP:
BUR.:	PLACE:	
SPOUSE:		
MAR.:	PLACE:	SS:

3. NAME:		
---- BORN:	PLACE:	B:
CHR.:	PLACE:	E:
DIED:	PLACE:	SP:
BUR.:	PLACE:	
SPOUSE:		
MAR.:	PLACE:	SS:

4. NAME:		
---- BORN:	PLACE:	B:
CHR.:	PLACE:	E:
DIED:	PLACE:	SP:
BUR.:	PLACE:	
SPOUSE:		
MAR.:	PLACE:	SS:

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Codes: AFN=Ancestral File Number B=Baptized E=Endowed SS=Sealed to Spouse SP=Sealed to Parents

HEALTH INSURANCE CLAIM FORM

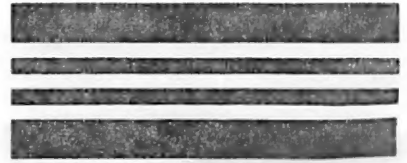
READ INSTRUCTIONS BEFORE COMPLETING AND SIGNING THIS FORM

DOCUMENT NUMBER

8046497

ATTACHMENT INDICATOR ☐

FORM NUMBER
24-06-45
FORM HCFA - 1500 (3-83)



PATIENT & INSURED (SUBSCRIBER) INFORMATION		<input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> BLUE SHIELD <input type="checkbox"/> OTHER	
1. PATIENT'S NAME (First name, middle initial, last name) <i>Thane J. Olsen</i>		2. PATIENT'S DATE OF BIRTH <i>Jan. 24, 1907</i>	
3. INSURED'S NAME (First name, middle initial, last name) <i>Thane J. Olsen</i>		5. PATIENT'S SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	
4. PATIENT'S ADDRESS (Street, city, state, zip code) <i>1389 Aberford Drive San Jose, California 95131</i>		7. PATIENT'S RELATIONSHIP TO INSURED SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	
6. INSURED'S I.D., MEDICARE AND/OR MEDICAID NO. (Include any letters) <i>528-24-72108</i>		10. WAS CONDITION RELATED TO: <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. INSURED'S GROUP NUMBER (or Group Name) <i>528-24-72108</i>		A. PATIENT'S EMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. INSURED'S ADDRESS (Street, city, state, zip code) <i>1389 Aberford Drive</i>		B. OTHER HEALTH INSURANCE COVERAGE (ENTER NAME OF POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER)	